Fill	n this inform						
Deb	tor 1	Yolette Larrier					
Deh	tor 2	First Name	Middle Name	Last Name			
	ise if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Ban	kruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK			
		-19-40496					
(if kno	own)					_	ck if this is an nded filing
					th are equally respons		
our	original form	ut all of your schedule is, you must fill out a	es first; then complete to new <i>Summary</i> and chec	the information on this	form. If you are filing a		
	original form	ut all of your schedule	es first; then complete t	the information on this	form. If you are filing a	mended sched	ules after you file
	original form 1: Summa	ut all of your schedule is, you must fill out a i rize Your Assets	es first; then complete to new <i>Summary</i> and chec	the information on this	form. If you are filing a	mended sched	ules after you file
Part	original form 1: Summa Schedule A/	ut all of your schedules, you must fill out a driver Your Assets B: Property (Official Fo	es first; then complete to new <i>Summary</i> and chec	the information on this ck the box at the top of	form. If you are filing al this page.	Your Value	ules after you file
Part	1: Summa Schedule A/ 1a. Copy line	ut all of your schedules, you must fill out a crize Your Assets B: Property (Official For 55, Total real estate, from the schedules)	es first; then complete to new Summary and checome summary and checome summary and checome 106A/B)	the information on this ck the box at the top of	form. If you are filing an	Your Value	assets of what you own
Part	1: Summa Schedule A/ 1a. Copy line 1b. Copy line	ut all of your schedules, you must fill out a carize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property)	es first; then complete to new Summary and checome Summary and che	the information on this ck the box at the top of	form. If you are filing an	Your Value	assets of what you own 685,978.00
Part	1: Summa Schedule A/ 1a. Copy line 1b. Copy line 1c. Copy line	ut all of your schedules, you must fill out a carize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property)	es first; then complete to new Summary and checome Summary and checome Summary and checome 106A/B) rom Schedule A/B	the information on this ck the box at the top of	form. If you are filing an	Your Value	assets of what you own 685,978.00
Part	1: Summa Schedule A/ 1a. Copy line 1b. Copy line 1c. Copy line	ut all of your schedules, you must fill out a carrize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property 63, Total of all property	es first; then complete to new Summary and checome Summary and checome Summary and checome 106A/B) rom Schedule A/B	the information on this ck the box at the top of	form. If you are filing an	Your Value \$	assets of what you own 685,978.00
Part	Schedule A/ 1a. Copy line 1b. Copy line 1c. Copy line 2: Summa	ut all of your schedules, you must fill out a carize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property for 63, Total of all property rize Your Liabilities Creditors Who Have Cl	es first; then complete to new Summary and checome Summary and checome Summary and checome 106A/B) rom Schedule A/B	the information on this ck the box at the top of	form. If you are filing at	Your Value \$ \$ Your Amou	assets of what you own 685,978.00 2,545.05 688,523.05
Part	Schedule A/ 1a. Copy line 1b. Copy line 1c. Copy line 2: Summa Schedule D: 2a. Copy the Schedule E/F	ut all of your schedules, you must fill out a carrize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property for 63, Total of all property rize Your Liabilities Creditors Who Have Clause of total you listed in Colure: Creditors Who Have	es first; then complete to new Summary and check orm 106A/B) from Schedule A/B	the information on this ck the box at the top of the box at the top of the last part of the bottom of the last part of the la	form. If you are filing al this page. age of Part 1 of Schedule	Your Value \$ \$ Your Amou	assets of what you own 685,978.00 2,545.05 688,523.05
Part 1. Part 2.	Schedule A/ 1a. Copy line 1b. Copy line 1c. Copy line 2: Summa Schedule D: 2a. Copy the Schedule E/B 3a. Copy the	ut all of your schedules, you must fill out a carize Your Assets B: Property (Official For 55, Total real estate, for 62, Total personal property for 63, Total of all property rize Your Liabilities Creditors Who Have Clatotal you listed in Colure: Creditors Who Have estated claims from Part	orm 106A/B) rom Schedule A/B perty, from Schedule A/B y on Schedule A/B laims Secured by Propentum A, Amount of claim, a Unsecured Claims (Offici	ty (Official Form 106D) t the bottom of the last part of the sort of the last part of the l	form. If you are filing at this page. age of Part 1 of Schedule	Your Value \$\$ Your Amou \$\$ \$\$	assets of what you own 685,978.00 2,545.05 688,523.05 liabilities nt you owe 614,752.80

Schedule I: Your Income (Official Form 106I) 8,239.32 Copy your combined monthly income from line 12 of Schedule I.....

Schedule J: Your Expenses (Official Form 106J) 5,280.00 Copy your monthly expenses from line 22c of Schedule J.....

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Yolette Larrier

Case number (if known) 1-19-40496

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,056.32

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
From Fart 4 on Schedule E/F, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	3,000.00

Fill in this infor	mation to identify your case and the	ais filing:		
Debtor 1	Yolette Larrier	ns ming.		
Debior		Name Last Name		
Debtor 2 (Spouse, if filing)	First Name Middle	e Name Last Name		
United States Ba	ankruptcy Court for the: EASTERN	DISTRICT OF NEW YORK		
Case number	1-19-40496			☐ Check if this is an
-	1-13-40430			☐ Check if this is an amended filing
Official Fo	orm 106A/B			
Schedul	le A/B: Property			12/15
information. If moi Answer every que Part 1: Describe	re space is needed, attach a separate s stion. E Each Residence, Building, Land, or Of have any legal or equitable interest in a	le. If two married people are filing together, both heet to this form. On the top of any additional pather Real Estate You Own or Have an Interest In any residence, building, land, or similar property	ges, write your name and c	
_	is the property?			
	77th Street , if available, or other description	What is the property? Check all that apply ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> laims Secured by Property.
Dan alaban	NIV 44000 0000	Manufactured or mobile home	Current value of the	Current value of the
Brooklyn City	NY 11236-0000 State ZIP Code	☐ Land ☐ Investment property	entire property? \$685,978.00	portion you own? \$685,978.00
		☐ Timeshare ☐ Other Who has an interest in the property? Check on ☐ Debtor 1 only	Describe the nature o	f your ownership interest enancy by the entireties, or
Kings		Debtor 2 only		
County		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this property identification number: Zillow Value	(see instructions)	ommunity property
pages you l		r all of your entries from Part 1, including a number here		\$685,978.00
someone else dri	ives. If you lease a vehicle, also repo	est in any vehicles, whether they are regis rt it on Schedule G: Executory Contracts and		vehicles you own that
	rucks, tractors, sport utility vehicle	s, motorcycles		
■ No				
☐ Yes				

Debtor 1	Yolette Larrier Case nur	nber (if known)	1-19-40496
	craft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and acceles: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessed		
■ No			
☐ Yes			
	he dollar value of the portion you own for all of your entries from Part 2, including any entr s you have attached for Part 2. Write that number here		\$0.00
Part 3: D	Describe Your Personal and Household Items		
·	own or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Examµ □ No	hold goods and furnishings ples: Major appliances, furniture, linens, china, kitchenware		
■ Yes	s. Describe		
	Stove, Refrigerator, Microwave, Utensils, Dining Room Furniture Living Room Furniture, Bedroom Furniture	е,	\$1,400.00
□ No	 conics coles: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, sca including cell phones, cameras, media players, games describe 	nners; music c	collections; electronic devices
	Television		\$200.00
Examp ■ No	tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art object other collections, memorabilia, collectibles s. Describe	s; stamp, coin	, or baseball card collections;
Exam _i ■ No	ment for sports and hobbies bles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs musical instruments b. Describe	, skis; canoes	and kayaks; carpentry tools;
■ No	rms nples: Pistols, rifles, shotguns, ammunition, and related equipment s. Describe		
□ No	nes nples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories s. Describe		
	Clothing		\$300.00
	Olouming		Ψ300.00
12. Jewe l <i>Exan</i> □ No	Iry nples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wa	itches, gems, (gold, silver

Yes. Describe.....

Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

Debto	or 1	Yolette Lar	rier				c	ase number	(if known)	1-19-40496
			Jewel	ry						\$200.00
<i>E</i>	<i>xamp</i> No	rm animals vles: Dogs, cats	s, birds, hor	ses						
14. A r	-	ner personal a	ınd housel	nold items you did	d not a	already list, including a	any health ai	ids you did n	ot list	
		Give specific in	nformation.							
						, including any entries		ou have atta	ched	\$2,100.00
Part 4:	Des	scribe Your Fina	ıncial Asset	s						
Do yo	ou ow	n or have any	legal or e	quitable interest i	in any	of the following?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>xamp</i> No			our wallet, in your h		in a safe deposit box, ar	nd on hand w	hen you file y	our petition	on
	xamp No					; certificates of deposit; the same institution, list Institution name:		dit unions, br	okerage h	nouses, and other similar
			17.1.	Checking (573	30)	Chase				\$445.05
<i>E</i>	<i>xamp</i> No			ly traded stocks ent accounts with b		ge firms, money market e:	t accounts			
	oint ve	blicly traded senture	stock and	interests in incor	porate	d and unincorporated	l businesses	, including a	n interes	t in an LLC, partnership, and
		Give specific in		about themne of entity:				% of ownersh	nip:	
Ν	legotia Ion-ne	able instrumen	ts include p	ersonal checks, ca	ashiers	e and non-negotiable is checks, promissory nor to someone by signing	otes, and mor	ney orders.		
		Give specific in		about them uer name:						
	хатр	nent or pensio les: Interests ir			403(b), thrift savings accounts	s, or other pe	nsion or profi	t-sharing	plans
	Yes. I	List each accou		ely. of account:		Institution name:				

De	btor 1	Yolette Larrier	Case number (if known) 1-	19-40496					
22.	Your sha	y deposits and prepayments hare of all unused deposits you have made so that you may les: Agreements with landlords, prepaid rent, public utilities		or others					
		Institut	ion name or individual:						
	■ No	es (A contract for a periodic payment of money to you, either	er for life or for a number of years)						
	☐ Yes								
	I. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No								
	☐ Yes	Institution name and description. Separately t	file the records of any interests.11 U.S.C. § 521(c):						
	■ No	equitable or future interests in property (other than any	thing listed in line 1), and rights or powers exercis	sable for your benefit					
	☐ Yes. (Give specific information about them							
	Example ■ No	, copyrights, trademarks, trade secrets, and other intell les: Internet domain names, websites, proceeds from royalt Give specific information about them							
		'							
	 Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them 								
Мо	oney or p	property owed to you?		Current value of the					
	, ,			portion you own? Do not deduct secured claims or exemptions.					
28.	Tax refu ■ No	unds owed to you							
	☐ Yes. G	Give specific information about them, including whether you	already filed the returns and the tax years						
	■ No	les: Past due or lump sum alimony, spousal support, child s	upport, maintenance, divorce settlement, property sett	tlement					
	⊔ Yes. G	Give specific information							
30.	Example _	mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else	benefits, sick pay, vacation pay, workers' compensat	ion, Social Security					
	■ No □ Yes. 0	Give specific information							
31.	Example	s in insurance policies les: Health, disability, or life insurance; health savings acco	unt (HSA); credit, homeowner's, or renter's insurance						
	■ No □ Yes. N	Name the insurance company of each policy and list its valu	e.						
		Company name:	Beneficiary:	Surrender or refund value:					
	If you ar someon No	erest in property that is due you from someone who have the beneficiary of a living trust, expect proceeds from a line has died.		property because					
	⊔ Yes. (Give specific information							

56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00	Deb	tor 1	Yolette Larrier		Case number (if known)	1-19-40496
Yes. Describe each claim					and for payment	
Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim		No				
No Yes. Describe each claim		Yes.	Describe each claim			
Yes. Describe each claim	34. (Other o	contingent and unliquidated claims of every nature, include	ding counterclaims	of the debtor and rights to	set off claims
S. Any financial assets you did not already list No Yes. Give specific information. No Yes. Give specific information No Yes. Give specific information S. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here. S. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached S. Add the dollar value of all of your own or have any legal or equitable interest in any business-related property? No Yes. Go to line 38. Part 5.		No				
No Service specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here		Yes.	Describe each claim			
Yes. Give specific information 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	35. <i>I</i>	Any fin	nancial assets you did not already list			
36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here						
Fort 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 77. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 37. Part 7: Describe All Property You Own or Have an Interest in any farm- or commercial fishing-related property? No. Go to Part 7. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 30. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Give specific information 4. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 4: Total personal and household items, line 15 \$2,100.00 57. Part 3: Total personal and household items, line 15 \$2,100.00 No. Part 6: Total farm- and fishing-related property, line 52 \$0.00 No. Part 6: Total farm- and fishing-related property, line 52 \$0.00 No. Part 7: Total other property not listed, line 54 \$0.00 No. Part 7: Total other property hot listed, line 54 \$0.00 No. Part 8: \$2,545.05 Copy personal property total \$2,545.05		Yes.	Give specific information			
No. Go to Part 6. No. Go to Inica 38.	36.		·			\$445.05
No. Go to Part 6. Yes. Go to line 38. Part 6:	Part	5: De	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
No. Go to Part 6. Yes. Go to line 38. Part 6:	37. D	o vou d	own or have any legal or equitable interest in any business-relate	d property?		
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 16. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Peart 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here		•	, , ,			
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 16. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Peart 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here		Yes G	Go to line 38			
If you own or have an interest in farmland, list it in Part 1.	_	100.	55 16 1110 00.			
■ No. Go to Part 7. □ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No □ Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here	Part			Own or Have an Interes	st in.	
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here	46. [Do you	u own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 33. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here		No.	Go to Part 7.			
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here		☐ Yes	s. Go to line 47.			
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here			_			
Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here	Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here						
\$0.00 Solution So		No				
Part 8: List the Totals of Each Part of this Form \$685,978.00 \$6. Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 \$2,100.00 \$8, Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 90.00 Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Part 7: Total personal property. Add lines 56 through 61 \$2,545.05 Copy personal property total		Yes.	Give specific information			
Part 8: List the Totals of Each Part of this Form \$685,978.00 \$6. Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 \$2,100.00 \$8, Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 90.00 Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Part 7: Total personal property. Add lines 56 through 61 \$2,545.05 Copy personal property total	54.	Add t	the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
\$685,978.00 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$685,978.00 \$2,100.00 \$2,100.00 \$445.05 \$0.00			,			
56. Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$0.00 \$2,100.00 \$0.00	Part	8:	List the Totals of Each Part of this Form			
56. Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$0.00 \$2,100.00 \$0.00	55.	Part 1	1: Total real estate, line 2			\$685.978.00
57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 52,100.00 50			•			
58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 59. Part 5: Total business-related property, line 52 50.00 50.	57.		· · · · · · · · · · · · · · · · · · ·			
59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$0.00 \$2,545.05 Copy personal property total \$2,545.05			•			
60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61 \$2,545.05 Copy personal property total \$2,545.05			· · · · · · · · · · · · · · · · · · ·			
61. Part 7: Total other property not listed, line 54 + \$0.00 62. Total personal property. Add lines 56 through 61 \$2,545.05 Copy personal property total \$2,545.05						
62. Total personal property. Add lines 56 through 61 \$2,545.05 Copy personal property total \$2,545.05	61.					
63 Total of all property on Schedule A/B Add line 55 + line 62	62.				Copy personal property to	otal \$2,545.0
	63	Total	of all property on Schedule A/R Add line 55 ± line 62			¢600 522 05

03. Total of all property on Schedule A/B. Add line 33 + line 02

\$000,5∠3.05

Filli	in this inf	ormation to identify your	case:				
Deb	tor 1	Yolette Larrier					
		First Name	Middle Name	La	ast Name		
	tor 2 use if, filing)	First Name	Middle Name	La	ast Name		
Unit	ed States	Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YO	DRK		
Case (if kno	e number	1-19-40496					Check if this is an amended filing
Off	icial F	orm 106C					
			operty You Cl	laim	as Exempt		4/16
the p	roperty yo	u listed on Schedule A/B: F and attach to this page as	Property (Official Form 106A)	/B) as yo	ner, both are equally responsible four source, list the property that you ge as necessary. On the top of any	claim as exe	empt. If more space is
spec any a fund: exem	ific dollar applicable s—may b aption to	amount as exempt. Alter e statutory limit. Some exe e unlimited in dollar amou	natively, you may claim the emptions—such as those f unt. However, if you claim	e full fai for healt an exem	unt of the exemption you claim. (r market value of the property bei h aids, rights to receive certain b ption of 100% of fair market valu etermined to exceed that amount	ng exempte enefits, and e under a la	ed up to the amount of I tax-exempt retirement w that limits the
Part	1: Ide	ntify the Property You Cla	im as Exempt				
1. \	Which set	t of exemptions are you c	laiming? Check one only, e	ven if yo	ur spouse is filing with you.		
ı	☐ You are	e claiming state and federal	nonbankruptcy exemptions.	. 11 U.S	.C. § 522(b)(3)		
ı	You are	e claiming federal exemption	ns. 11 U.S.C. § 522(b)(2)				
2. I	For any p	roperty you list on Sched	ule A/B that you claim as e	exempt,	fill in the information below.		
		iption of the property and lin	e on Current value of the portion you own	e Amo	ount of the exemption you claim	Specific lav	vs that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Brief desc	•					
l	Line from	Schedule A/B:			100% of fair market value, up to any applicable statutory limit		
((Subject to ■ No □ Yes.	o adjustment on 4/01/19 and Did you acquire the propert	. ,	cases fil	ed on or after the date of adjustmer	,	
		No					
		Yes					

Official Form 106C

Fill in this information	on to identify you	r case:			
Debtor 1	olette Larrier				
F	irst Name	Middle Name Last Name			
Debtor 2	irst Name	Middle Name Last Name			
(Spouse if, filing) F	iist name	Middle Name Last Name			
United States Bankru	ptcy Court for the:	EASTERN DISTRICT OF NEW YORK			
0					
Case number 1-19	-40496			□ Chock	if this is an
(ii kilowii)				_	led filing
				amene	ica ming
Official Form 1	06D				
		Who Have Claims Secured	d by Propert	N/	12/15
Scriedule D.	Creditors	Willo Have Claims Secured	a by Fropert	<u>y </u>	12/13
		f two married people are filing together, both are eq			
is needed, copy the Add number (if known).	ditional Page, fill it o	out, number the entries, and attach it to this form. O	n the top of any additio	nal pages, write your nai	me and case
1. Do any creditors have	e claims secured by	y your property?			
_ `	-	nis form to the court with your other schedules. You	ou have nothing else t	to report on this form	
_		•	od nave nothing else t	to report on this form.	
Yes. Fill in all o	of the information I	pelow.			
Part 1: List All Se	cured Claims				0.1.0
		nore than one secured claim, list the creditor separately		Column B	Column C
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
·	o ciamio in dipriaboti	out crack according to the creation of harmo.	value of collateral.	claim	If any
2.1 Chase Mortga	age	Describe the property that secures the claim:	\$16,876.00	\$685,978.00	\$0.00
Creditor's Name		961 East 77th Street Brooklyn, NY			
		11236 Kings County Zillow Value			
Mail Code: O		As of the date you file, the claim is: Check all that			
Po Box 24696 Columbus, O	-	apply.			
		Contingent			
Number, Street, City,	State & Zip Code	☐ Unliquidated			
Who owes the debt?	Check one	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	ondok ond.	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only		car loan)	Surcu		
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the de		☐ Judgment lien from a lawsuit			
☐ Check if this claim		Other (including a right to offset) Second Mo	ortgage		
community debt		— Other (including a right to onset)	33-		
	Onened				
	Opened 09/07 Last				
	Active				
Date debt was incurred	12/25/18	Last 4 digits of account number 1287			
2.2 Wells Fargo I	Bank	Describe the property that secures the claim:	\$597,876.80	\$685,978.00	\$0.00
Creditor's Name		961 East 77th Street Brooklyn, NY			
		11236 Kings County			
Mac-F8235-02	2f	As of the date you file, the claim is: Check all that			
Po Box 10438	-	apply.			
Des Moines,		Contingent			
Number, Street, City,	State & Zip Code	Unliquidated			
Who owen the delice	Charles -	Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or sec car loan)	cured		
Debtor 2 only					
Debtor 1 and Debtor	•	Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the de	eptors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

Debto	1 Yolette La	rrier		Case r	number (if known)	1-19-40496
	First Name	Middle Name	e Last Name			
	eck if this claim re mmunity debt	elates to a	Other (including a right to offset)	First Mortgage		
Date de	ebt was incurred	7/07	Last 4 digits of account num	ber <u>1235</u>		
Add t	the dollar value of	f your entries in Colu	ımn A on this page. Write that num	ber here:	\$614,752	.80
	s is the last page of that number here		e dollar value totals from all pages.		\$614,752	.80
Part 2	List Others t	o Be Notified for a	Debt That You Already Listed			
trying t	to collect from yo	u for a debt you owe	to someone else, list the creditor ou listed in Part 1, list the additiona	in Part 1, and then lis	st the collection age	or example, if a collection agency is ncy here. Similarly, if you have more ional persons to be notified for any
	Woods Oriatt 700 Crossroa	ds Building	Code		in Part 1 did you ente	er the creditor? <u>2.2</u>
	Rochester, N'	Y 14614				

Fil	l in this info	ormation to identify your ca	se:					
De	btor 1	Yolette Larrier						
		First Name	Middle Name	Last Name				
	btor 2	First Name	Maria da Maria	Last Name				
(Sp	ouse if, filing)	First Name	Middle Name	Last Name				
Un	ited States I	Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK				
Ca	se number	1-19-40496						
(if k	nown)						☐ Check	if this is an
							amend	ded filing
Ωf	ficial Fo	rm 106E/F						
		E/F: Creditors Wh	o Have Unsecui	red Claims	.			12/15
any Sch Sch left.	executory conduction edule G: Exe edule D: Cre Attach the C	and accurate as possible. Use ontracts or unexpired leases th cutory Contracts and Unexpire ditors Who Have Claims Secur continuation Page to this page. number (if known).	at could result in a claim. And Leases (Official Form 10 ed by Property. If more spa	Also list executory 6G). Do not includ ce is needed, cop	y contract le any cre y the Part	s on Schedule A/B: F ditors with partially s you need, fill it out,	Property (Official For secured claims that number the entries	rm 106A/B) and on are listed in in the boxes on the
		number (if known). All of Your PRIORITY Unse	oured Claims					
га 1.		ditors have priority unsecured						
	□ No. Go to	, ,	James agames year					
	Yes.	- ,						
2.	List all of you identify what possible, list	our priority unsecured claims. type of claim it is. If a claim has the claims in alphabetical order re than one creditor holds a parti	both priority and nonpriority a according to the creditor's na	mounts, list that cla me. If you have mo	aim here ar	nd show both priority a	and nonpriority amour	its. As much as
	(For an expl	anation of each type of claim, see	e the instructions for this form	in the instruction b	ooklet.)	Total claim	Priority amount	Nonpriority amount
2.1	John	Gonzalez. PC	Last 4 digits of a	account number	9420	\$3,000.00	\$3,000.00	
	,	Creditor's Name		_		,	<u> </u>	_ ·
		Route 112 6 Suite 10	When was the de	ebt incurred?	2/2019		-	
	_	ord, NY 11763						
		r Street City State Zlp Code	As of the date yo	ou file, the claim is	s: Check a	ll that apply		
	Who incur	red the debt? Check one.	☐ Contingent					
	Debtor	1 only	☐ Unliquidated					
	☐ Debtor	2 only	☐ Disputed					
	☐ Debtor	1 and Debtor 2 only	Type of PRIORIT	Y unsecured clair	m:			
	☐ At least	one of the debtors and another	☐ Domestic sup	port obligations				
	☐ Check	if this claim is for a communit	y debt Taxes and ce	rtain other debts yo	u owe the	government		
		n subject to offset?		ath or personal inju	ry while yo	u were intoxicated		
	■ No		Other. Specify	<i>(</i>				
	☐ Yes			Debtors Att	orney F	ee		-
Pa	rt 2: List	All of Your NONPRIORITY	Unsecured Claims					
		ditors have nonpriority unsecu						
-	_ `	have nothing to report in this par		t with your other so	chedules.			
	Yes.	•						
4.	unsecured c	our nonpriority unsecured clain laim, list the creditor separately food ditor holds a particular claim, list	or each claim. For each claim	listed, identify wha	at type of cl	aim it is. Do not list cla	aims already included	in Part 1. If more

Total claim

Debtor '	1 Yolette L	arrier		Case nu	mber (if known) 1-19-40496			
4.1	Chase Card		Last 4 digits of account number	9692		\$3,135.00		
	Po Box 152	dence Dept	When was the debt incurred?	Open 11/28	ed 10/16 Last Active /18			
=	Number Street	City State Zlp Code	As of the date you file, the claim	is: Check	all that apply			
	_	the debt? Check one.						
	Debtor 1 or	,	☐ Contingent					
	Debtor 2 on		Unliquidated					
		nd Debtor 2 only	Disputed					
	☐ At least one of the debtors and another		Type of NONPRIORITY unsecure	d claim:				
	debt	is claim is for a community	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agi	reement or divorce that you did not			
	■ No	,	☐ Debts to pension or profit-sharing	ng plans, a	and other similar debts			
	Yes		Other. Specify Credit Care					
4.2	Portfolio R		Last 4 digits of account number	4867		\$1,584.00		
	Nonpriority Cre Po Box 410 Norfolk, VA)21	When was the debt incurred?	Open	ed 07/16			
=	Number Street	City State Zlp Code the debt? Check one.	As of the date you file, the claim	is: Check	all that apply			
	Debtor 1 or		☐ Contingent					
	Debtor 2 on	nly	☐ Unliquidated					
	Debtor 1 ar	nd Debtor 2 only	Disputed					
	☐ At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if the	is claim is for a community	☐ Student loans					
		ubject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agi	reement or divorce that you did not			
	■ No		☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes		■ Other. Specify Capital Bar	Compar nk	ny Account Comenity			
Down 0	List Other	o to De Notified About a Debt 3						
Part 3:		s to Be Notified About a Debt 1	•					
is tryin have n	ng to collect from	om you for a debt you owe to some	ut your bankruptcy, for a debt that yone else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page.	Parts 1	or 2, then list the collection agency	here. Similarly, if you		
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim					
	he amounts of f unsecured cl		. This information is for statistical r	eporting	purposes only. 28 U.S.C. §159. Add	d the amounts for each		
					Total Claim			
	6a. otal iims	Domestic support obligations		6a.	\$0.00	-		
from Pa		Taxes and certain other debts yo	ou owe the government	6b.	\$ 3,000.00	_		
	6c.	Claims for death or personal inju	•	6c.	\$ 0.00	-		
	6d.	Other. Add all other priority unsecu	ured claims. Write that amount here.	6d.	\$	-		
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$	-		
					Total Claim			
	6f.	Student loans		6f.	\$			

Official Form 106 E/F

Total claims

from Part 2

6g.

6h.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

6g.

6h.

0.00

0.00

Debtor 1	Yolette	La	arrier	Case nu	umber (if known)	1-19-40496	
	6	Other. Add all other nonpriority unsecured claims. Write that an here.		6i.	\$	4,719.00	
	6	δj.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	4,719.00	

Fill in this infor	mation to identify your	case:			
Debtor 1	Yolette Larrier				
	First Name	Middle Name	Last Name	 I	
Debtor 2				1	
(Spouse if, filing)	First Name	Middle Name	Last Name	1	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
_	1-19-40496				
(if known)					Check if this is an
				I	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

Fill in this in	nformation to identify your	case:			
Debtor 1	Yolette Larrier				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK		
Case numbe	er _ 1-19-40496				☐ Check if this is an amended filing
Schedu Codebtors a		re also liable for any del			12/15 te as possible. If two married
ill it out, and your name a	I number the entries in the nd case number (if known)	boxes on the left. Attack . Answer every question	n the Additional Page to 	o this page. On the top	eded, copy the Additional Page, of any Additional Pages, write
1. Do yo	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona, No. G Yes. [3. In Column in line 2	California, Idaho, Louisiana, to to line 3. Did your spouse, former spouse, former spouse, former spouse, former spouse, and 1, list all of your codebter again as a codebtor only i	Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	e with you at the time? spouse as a codebtor to or cosigner. Make	ngton, and Wisconsin.) if your spouse is filing sure you have listed the	states and territories include with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill
out Colu		,	·		
	olumn 1: Your codebtor me, Number, Street, City, State and ZI	P Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt sthat apply:
3.1 Na	me			_ ☐ Schedule D, line☐ Schedule E/F, lir☐ Schedule G, line☐	ne
Nu Cit	umber Street ty	State	ZIP Code	_	
3.2 Na	ime			☐ Schedule D, line☐ Schedule E/F, lir☐ Schedule G, line	ne
Nu Cit	umber Street ty	State	ZIP Code	_	

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Fill	in this information to	identify your ca	ase:				1			
	otor 1	Yolette Larri								
	otor 2 ouse, if filing)					_				
Uni	ted States Bankrupt	cy Court for the	EASTERN DISTRICT	OF NEW YORK						
	se number 1-19	9-40496					Check if this is: An amende A supplement	ed filing ent showir	ng postpetition	chapter
O ¹	fficial Form	1061					MM / DD/ Y		ollowing date:	
	chedule I: \		ome				IVIIVI / DD/ Y	111		12/15
sup spo	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	sible. If two married peop are married and not filin r spouse is not filing wit On the top of any additio	g jointly, and your s th you, do not inclu	spouse i de infori	s liv nati	ing with you, incloon about your spo	ude infor	mation about ore space is	your needed,
1.	Fill in your emplo	oyment		Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more t	han one job,		☐ Employed			■ Emple		mig spouse	
	attach a separate information about		Employment status	■ Not employed			☐ Not e	mployed		
	employers.		Occupation							
	Include part-time, self-employed wor		Employer's name							
	Occupation may ir or homemaker, if i		Employer's address							
			How long employed th	nere?						
Par	t 2: Give Det	ails About Mon	thly Income							
	mate monthly inco		ate you file this form. If y	rou have nothing to re	eport for	any	line, write \$0 in the	space. In	clude your noi	n-filing
•	u or your non-filing s e space, attach a se	•	ore than one employer, couthis form.	mbine the informatio	n for all e	empl	oyers for that perso	n on the I	ines below. If	you need
							For Debtor 1		ebtor 2 or ing spouse	
2.			ry, and commissions (be calculate what the monthly		2.	\$	0.00	\$	0.00	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Yolette Larrier		Case	number (if known)	1-19-40496	1	
	Con	vyline 4 hore	4.	Foi	Debtor 1	For Debtor	spouse	
	•	y line 4 here	4.	Φ_	0.00	Φ	0.00	
5.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	\$	0.00	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b. 5c.	\$_ \$	0.00	\$ \$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$ -	0.00	\$	0.00	
	5e.	Insurance	5e.	\$-	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$-	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		-		·		
	04	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_ \$	0.00 1,183.00	\$ \$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	101.00	\$	0.00	
	8h.	Other monthly income. Specify: Maria Deshommes	_ 8h.+	· · —	3,955.32	. —	0.00	
		Gary Deshommes CHancenel Bony (Rental Income)		\$_ \$	1,000.00 2,000.00	\$ \$	0.00	
		Chanceller Bony (Kentai income)			2,000.00		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	8,239.32	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		8,239.32 + \$_	0.00	= \$ 8,23	9.32
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		•	ed in <i>Schedul</i>		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					\$ 8,23	9.32
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				Combined monthly inco	me
		No.						
		Yes Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:					
Deb	tor 1	Yolette Larri	er			Che	eck if this is:	
Deb	tor 2						An amended filing	wing postpetition chapter
	ouse, if filing)							the following date:
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
Cas	e number 1-	19-40496						
(If kr	nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ses				12/1
Be a	as complete a	and accurate as	possible.	If two married people ar ch another sheet to this				
Par		ibe Your House	hold					
1.	Is this a join No. Go to							
	00	= .	in a separa	ate household?				
	No							
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.	
2.	Do you have	dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents i	names.					_	☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.		enses include people other t	han	No				
		l your depende		Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				apter 13 case to report of the form and fill in the
				government assistance i				
	ficial Form 10		u nave mu	idded it on <i>Schedule I.</i> 1	our income		Your exp	enses
4.		r home owners d any rent for th		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	3,095.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		ty, homeowner's				4b.	·	0.00
		maintenance, re owner's associat		pkeep expenses dominium dues		4c. 4d.	·	0.00 0.00
5.				our residence, such as ho	me equity loans	4u. 5.	·	145.00

Debtor 1	Yolette Larrier	Case num	per (if known)	1-19-40496	
6. Utiliti	05.				
	es: Electricity, heat, natural gas	6a.	\$	452.00	
	Water, sewer, garbage collection	6b.	\$	60.00	
	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	358.00	
	Other. Specify:	6d.	\$	0.00	
	and housekeeping supplies	7.	\$	600.00	
	care and children's education costs	8.	\$	0.00	
-	ing, laundry, and dry cleaning	9.	\$	30.00	
		10.	\$		
	onal care products and services cal and dental expenses	10.	·	40.00	
	•	11.	\$	150.00	
	sportation. Include gas, maintenance, bus or train fare. t include car payments.	12.	\$	180.00	
	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00	
	table contributions and religious donations	14.	·	0.00	
5. Insu ra	•	14.	Ψ	0.00	
-	of include insurance deducted from your pay or included in lines 4 or 20.				
	Life insurance	15a.	\$	0.00	
	Health insurance	15b.	·	0.00	
	Vehicle insurance	15b.	·	170.00	
	Other insurance. Specify:	15d.	·	0.00	
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00	
Specif	· · · · ·	16.	\$	0.00	
•	lment or lease payments:	10.	Ψ	0.00	
	Car payments for Vehicle 1	17a.	\$	0.00	
	Car payments for Vehicle 2	17b.	\$	0.00	
	Other. Specify:	17c.	·	0.00	
	Other. Specify:	17d.	·	0.00	
	payments of alimony, maintenance, and support that you did not report a		Ψ	0.00	
	cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00	
	payments you make to support others who do not live with you.	-	\$	0.00	
Specif		19.		0.00	
	real property expenses not included in lines 4 or 5 of this form or on Scl		ur Income.		
	Mortgages on other property	20a.		0.00	
	Real estate taxes	20b.		0.00	
	Property, homeowner's, or renter's insurance	20c.	·	0.00	
	Maintenance, repair, and upkeep expenses	20d.		0.00	
	Homeowner's association or condominium dues	20e.		0.00	
1. Other	: Specify:	21.	+\$	0.00	
2. Calcu	ılate your monthly expenses				
	Add lines 4 through 21.		\$	5,280.00	
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Add line 22a and 22b. The result is your monthly expenses.		\$	F 290 00	
220. P	tad into 22a and 22b. The result is your monthly expenses.		Ψ	5,280.00	
3. Calcu	ılate your monthly net income.				
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,239.32	
	Copy your monthly expenses from line 22c above.	23b.		5,280.00	
	• •				
23c.	Subtract your monthly expenses from your monthly income.		_		
	The result is your monthly net income.	23c.	\$	2,959.32	
24. Do v o	ou expect an increase or decrease in your expenses within the year after	you file this	form?		
For exa	ample, do you expect to finish paying for your car loan within the year or do you expect yo			ease or decrease because of a	
	cation to the terms of your mortgage?				
■ No					
☐ Ye	s. Explain here:				

riii ili ulis iliid	ormation to identify your	case.			
Debtor 1	Yolette Larrier				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case number	1-19-40496				
(if known)				☐ Check if t	
				amended	d filing
	_{rm 106Dec} Ition About a	an Individual	Debtor's Scho	edules	12/15
obtaining mon		n connection with a bank		king a false statement, concealing p nes up to \$250,000, or imprisonment	
ę;	ign Below				
	gii below				
Did you բ	pay or agree to pay some	one who is NOT an attor	ney to help you fill out bank	ruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Prep Declaration, and Signature (Office)	
				beclaration, and digitature (Only	ciai i ciiii i i o
•	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed w	th this declaration and	
X /s/ Yo	olette Larrier		X		
	te Larrier		Signature of Deb	tor 2	
Signa	ture of Debtor 1				

Official Form 106Dec

Date _____

Date **February 11, 2019**

Fill	in this info	rmation to identify you	case:			
Del	otor 1	Yolette Larrier				
		First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States E	Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Cas	se number	1-19-40496				
(if kr	nown)				-	heck if this is an mended filing
					ui	nended himg
Of	ficial F	orm 107				
			Affairs for Indivi	duals Filing for E	ankruptcy	4/16
					equally responsible for supp	
		wn). Answer every ques		this form. On the top of an	y additional pages, write you	r name and case
Pai	t 1: Give	Details About Your Ma	rital Status and Where You	ı Lived Before		
1.	What is yo	our current marital statu	s?			
	☐ Marrie	ed.				
	_	arried				
2.	During the	e last 3 years, have you	lived anywhere other than	where you live now?		
	-		·	•		
	■ No □ Yes. I	ist all of the places you li	ved in the last 3 years. Do n	ot include where you live nov	٧.	
		Prior Address:	Dates Debtor 1	Debtor 2 Prior Ad		Dates Debtor 2
	Debitor 1	Tior Address.	lived there	Debiol 2 i iloi Ac	iui 633.	lived there
3. state					ity property state or territory ico, Texas, Washington and W	
	■ No					
	_	Make sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Exp	ain the Sources of You	r Income			
4.	Fill in the to	otal amount of income yo	u received from all jobs and	ng a business during this y all businesses, including part re together, list it only once un		dar years?
	■ No					
	_	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
				,		

Official Form 107

Case number (if known) 1-19-40496

lı a	nclude ind and other	come regard public benef	less of wheth it payments;	er that inco pensions; re		imples o est; divi	of <i>other income</i> a idends; money c	are ali	ed from lawsuits;	royalties; ar	Security, unemployment, nd gambling and lottery
L	ist each :	source and t	he gross inco	me from ea	ch source separat	ely. Do	not include inco	me tha	at you listed in lir	ne 4.	
	□ No										
•	Yes.	Fill in the de	tails.								
				Debtor 1 Sources of Describe b		each (befo	ss income from a source ore deductions ar usions)		Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
		/ 1 of currer iled for ban	nt year until kruptcy:	Social So Benefits	ecurity		\$2,366.	.00			
				Pension			\$202.	.00			
				RENT			\$2,000.	.00			
		dar year: December	31, 2018)	Social So Benefits	ecurity		\$15,804.	.00			
				Pension			\$1,212.	.00			
		dar year bet December		Social So Benefits	ecurity		\$15,804.	.00			
				Pension			\$1,212.	.00			
Part :	3: List	: Certain Pa	yments You	Made Befo	re You Filed for E	Bankru	ptcy				
	Are eithei No.	Neither De	btor 1 nor D	ebtor 2 has	marily consumer s primarily consu amily, or househole	mer de	ebts. Consumer	debts	are defined in 11	U.S.C. § 10	01(8) as "incurred by an
		□ No.	Go to line 7		for bankruptcy, did						
		□ Yes	paid that cre	editor. Do n		ts for do	omestic support				the total amount you and alimony. Also, do
_	_				and every 3 years			d on o	r after the date o	of adjustmen	t.
	Yes.				e primarily consu for bankruptcy, did			a total	of \$600 or more?	?	
		■ No.	Go to line 7								
		□ Yes		ments for d							at creditor. Do not include payments to an
	Creditor'	s Name and	l Address		Dates of paymen	nt	Total amoun		Amount you	Was this	payment for
							pai	a	still owe		

Debtor 1 Yolette Larrier

Case number (if known) 1-19-40496

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their voting	erships of which yo g securities; and a	ou are a general p ny managing age	partner; corporations ent, including one fo	
	■ No□ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment	
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi				ccount of a deb	t that benefited an	
	■ No						
	Yes. List all payments to an insider	Datas of maximums	Total amazumt	Am aunt vau	Dannen fan th	:	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th Include credito		
Pai	t 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.						
	□ No■ Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of the	case	
	Wells Fargo Home Mortgage v. Yolette Larrier 524272/2017	Foreclosure	Suffolk Suprem 1 Court Street Riverhead, NY		☐ Pending ☐ On appeal ☐ Concluded		
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, fo	oreclosed, garnis	shed, attached, s	seized, or levied?	
	No. Go to line 11.☐ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property		Date		Value of the property	
		Explain what happened				1 11 7	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		uding a bank or fin	nancial institutior	n, set off any am	ounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was า	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No □ Yes		rty in the possessi	ion of an assigne	e for the benefit	of creditors, a	

Debtor 1 Yolette Larrier

Deb	otor 1	Yolette Larrier			Case number (if know	n) <u>1-19-4049</u>	06
Par	t 5:	List Certain Gifts and Contributions					
13.		n 2 years before you filed for bankru No Yes. Fill in the details for each gift.	ptcy, c	did you give any gifts with a total va	llue of more than \$6	600 per person	?
	Gifts	with a total value of more than \$600 person		Describe the gifts		es you gave gifts	Value
	Perso Addr	on to Whom You Gave the Gift and ress:					
14.		n 2 years before you filed for bankru No Yes. Fill in the details for each gift or co			ns with a total valu	e of more than	s \$600 to any charity?
	more Char	or contributions to charities that to e than \$600 ity's Name ress (Number, Street, City, State and ZIP Code)	tal	Describe what you contributed		es you tributed	Value
Par	t 6:	List Certain Losses					
15.		n 1 year before you filed for bankrup mbling?	tcy or	since you filed for bankruptcy, did	you lose anything I	pecause of the	ft, fire, other disaster,
	_ `	No Yes. Fill in the details.					
		the loss occurred	nclude	be any insurance coverage for the least the amount that insurance has paid. Ince claims on line 33 of Schedule A/B.	List pending loss	e of your s	Value of property lost
Par	t 7:	List Certain Payments or Transfers					
16.	consu	n 1 year before you filed for bankrup ulted about seeking bankruptcy or pr le any attorneys, bankruptcy petition pre	eparir	ng a bankruptcy petition?			erty to anyone you
	_ `	No ⁄ es. Fill in the details.					
	Addr Emai	on Who Was Paid ess il or website address on Who Made the Payment, if Not Yo	u	Description and value of any prop transferred	•	e payment ransfer was de	Amount of payment
	3237 Bldg	n Gonzalez. PC 7 Route 112 9 Soute 10		\$4,500 Legal Fees, 310 Court and \$3,000 in the plan if confi		019	\$4,810.00
	ivied	ford, NY 11763					
17.	promi	n 1 year before you filed for bankrup ised to help you deal with your credi t include any payment or transfer that y	tors o	r to make payments to your credito	ır behalf pay or tran rs?	sfer any prope	erty to anyone who
	_	No ⁄es. Fill in the details.					
	Perso Addr	on Who Was Paid ess		Description and value of any propertransferred		e payment ransfer was de	Amount of payment

Debtor 1 Yolette Larrier Case number (if known) 1-19-40496

18.	tran Inclu	nin 2 years before you filed for bankrupto sferred in the ordinary course of your bu ude both outright transfers and transfers manude gifts and transfers that you have already No Yes. Fill in the details.	u sine de a	ess or financial affa s security (such as t	airs? he granting of a	•		
		rson Who Received Transfer dress		Description and v		paym	ribe any property or nents received or debts in exchange	Date transfer was made
	Per	son's relationship to you					-	
19.	ben =	nin 10 years before you filed for bankrupt eficiary? (These are often called asset-prot No			y property to a	self-settle	ed trust or similar device o	of which you are a
	□ Na:	Yes. Fill in the details.		Decemention and	value of the war		afa wa d	Data Transfer was
	Nai	me of trust		Description and v	alue of the pro	perty tran	isterrea	Date Transfer was made
	solo Incl	List of Certain Financial Accounts, Instantial 1 year before you filed for bankruptcy 1, moved, or transferred? ude checking, savings, money market, or ses, pension funds, cooperatives, associated.	/, we	ere any financial ac ner financial accou	counts or instr	uments h	eld in your name, or for yo	,
		No						
		Yes. Fill in the details.						
				sst 4 digits of Type of accoun count number instrument			Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		you now have, or did you have within 1 yoh, or other valuables? No Yes. Fill in the details.	ear I	before you filed for	bankruptcy, ar	ny safe de	eposit box or other deposit	ory for securities,
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?
22.	Hav	e you stored property in a storage unit on No Yes. Fill in the details.	r pla	ice other than your	home within 1	year befo	ore you filed for bankruptcy	y?
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)		Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control f	for S	omeone Else				
	Doy	you hold or control any property that son someone.			ude any proper	ty you bo	rrowed from, are storing fo	or, or hold in trust
		No Yes. Fill in the details.						
		rner's Name dress (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, S Code)		Describe	e the property	Value
Par	t 10:	Give Details About Environmental Info	rma	tion				
For	the p	– ourpose of Part 10, the following definitio	ns a	ipply:				
	Env	rironmental law means any federal, state,	or I	ocal statute or regu	ulation concern	ing pollu	tion, contamination, releas	es of hazardous or

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Debtor 1 Yolette Larrier Case number (if known) 1-19-40496

		ic substances, wastes, or material into tule of the substances, wastes, or material into the substances of the substances are substances.		dwat	er, or other medium, including s	atutes or
		e means any location, facility, or propert		law,	whether you now own, operate,	or utilize it or used
	Haz	cardous material means anything an envariant material means anything an envariant material, pollutant, contaminant	vironmental law defines as a hazardou	s was	ste, hazardous substance, toxic	substance,
Rep	ort a	ıll notices, releases, and proceedings th	nat you know about, regardless of whe	n the	y occurred.	
24.	Has	any governmental unit notified you tha	at you may be liable or potentially liable	e und	er or in violation of an environm	ental law?
		No				
		Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
25.	Hav	ve you notified any governmental unit of	f any release of hazardous material?			
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
26.	Hav	ve you been a party in any judicial or ad	ministrative proceeding under any env	ironn	nental law? Include settlements	and orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case	Status of the case
Pa	rt 11:	Give Details About Your Business or	Connections to Any Business			
27.	Wit	hin 4 years before you filed for bankrup	tcy, did you own a business or have a	ny of	the following connections to any	y business?
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity	, eith	er full-time or part-time	
		☐ A member of a limited liability com	pany (LLC) or limited liability partnersh	nip (L	LP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	secutive of a corporation			
		☐ An owner of at least 5% of the votir	ng or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
			I in the details below for each busines	s.		
	Bu	siness Name	Describe the nature of the business		Employer Identification numbe	
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security Dates business existed	number or ITIN.
28.		hin 2 years before you filed for bankrup titutions, creditors, or other parties.	tcy, did you give a financial statement	to an		ude all financial
		No				
		Yes. Fill in the details below.				

Part 12: Sign Below

Name

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Date Issued

Address (Number, Street, City, State and ZIP Code) Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

Debtor	Yolette Larrier	Yolette Larrier Case number (if known)					
with a l		stand that making a false statement, conce result in fines up to \$250,000, or imprisonn , and 3571.	0	property by fraud in connection			
/s/ Yo	lette Larrier						
Yoleti	te Larrier	Signature of	Debtor 2				
Signat	ture of Debtor 1						
Date	February 11, 2019	Date					
Did you	u attach additional pa	ges to Your Statement of Financial Affairs	for Individuals Filing for Bankruptcy (Official Form 107)?			
■ No							
□ Yes							
Did you	u pay or agree to pay	someone who is not an attorney to help yo	u fill out bankruptcy forms?				
■ No							
☐ Yes.	. Name of Person	. Attach the Bankruptcy Petition Preparer's	Notice, Declaration, and Signature (Offici	al Form 119).			

Fill in this inform	nation to identify your case	e:
Debtor 1	Yolette Larrier	
Debtor 2 (Spouse, if filing)		
United States B	ankruptcy Court for the:	Eastern District of New York
Case number (if known)	1-19-40496	

Check	as directed in lines 17 and 21:									
	According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
•	Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1	Calculate Your Average Monthly Income							
1	. V	What is your marital and filing status? Check one of	only.						
	ı	Not married. Fill out Column A, lines 2-11.							
		Married. Fill out both Columns A and B, lines 2-11							
	101(the 6	in the average monthly income that you received from al (10A). For example, if you are filing on September 15, the 6- 6 months, add the income for all 6 months and divide the totuses own the same rental property, put the income from that	month peal by 6. F	eriod would fill in the re	l be March 1 throusult. Do not includ	igh August 3 le any incom	1. If the ame	ount of your monthly incom nore than once. For examp	ne varied during le, if both
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2		our gross wages, salary, tips, bonuses, overtime ayroll deductions).	, and c	ommissio	ons (before all	\$	0.00	\$	
3		limony and maintenance payments. Do not includ column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	
4	o fr a	all amounts from any source which are regularly p f you or your dependents, including child support om an unmarried partner, members of your househound roommates. Do not include payments from a spot ou listed on line 3.	rt. Includ	de regulai depende	contributions nts, parents,	\$ 4	,955.32	\$	
5		let income from operating a business, rofession, or farm	Debto	r 1					
	G	Gross receipts (before all deductions)	\$_	0.00					
	C	Ordinary and necessary operating expenses	- \$ _	0.00					
	Ν	let monthly income from a business, profession, or fa	rm \$_	0.00	Copy here ->	\$	0.00	\$	
6	. N	let income from rental and other real property	Debto						
	G	Gross receipts (before all deductions)	\$_	0.00					
	C	Ordinary and necessary operating expenses	- \$ _	0.00					
	N.	let monthly income from rental or other real property	Φ	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Yolette Larrier		Case nu	mber (if known)	1-19-40496	
			Column		Column B	
			Debtor	1	Debtor 2 or non-filing spous	e
7	tonat dividende and naveltica		\$	0.00	\$	
	terest, dividends, and royalties nemployment compensation		\$		\$	_
	• •	ived was a banefit unde	· —	0.00	Ψ	_
the	o not enter the amount if you contend that the amount rece e Social Security Act. Instead, list it here:	ived was a benefit unde	ei.			
	For you\$	0.00				
	For your spouse \$					
	ension or retirement income. Do not include any amount enefit under the Social Security Act.	received that was a	\$	101.00	\$	_
	come from all other sources not listed above. Specify t					
	o not include any benefits received under the Social Secur ceived as a victim of a war crime, a crime against humanit					
do	omestic terrorism. If necessary, list other sources on a separatal below.					
			\$	0.00	\$	
			\$	0.00	\$	
	Total amounts from separate pages, if any.	+	- \$	0.00	\$	<u> </u>
11 C	alculate your total average monthly income. Add lines 2	through 10 for				
	ach column. Then add the total for Column A to the total for		5,056.32	2 + \$ _	= \$	5,056.32
						Total average
	_					monthly income
Part 2:	Determine How to Measure Your Deductions from	Income				
12 C	opy your total average monthly income from line 11.				\$	5,056.32
	alculate the marital adjustment. Check one:				·······	3,030.32
	You are not married. Fill in 0 below.					
	You are married and your spouse is filing with you. Fill i	n 0 below.				
	Fill in the amount of the income listed in line 11, Column dependents, such as payment of the spouse's tax liability					
	Below, specify the basis for excluding this income and tadjustments on a separate page.					
	If this adjustment does not apply, enter 0 below.					
		\$				
		\$				
	Total	\$		0.00 _{Col}	py here=> -	0.00
	Total				py liele=> =	0.00
14. Y	Your current monthly income. Subtract line 13 from line	12.			\$_	5,056.32
	Calculate your current monthly income for the year. For	ollow these steps:				5,056.32
1	5a. Copy line 14 here=>				\$_	J,030.32
	Multiply line 15a by 12 (the number of months in a ye	- "				. 10
		ear).				12
	5b. The result is your current monthly income for the year	,				60,675.84

Case number (if known) 1-19-40496

16.	Calcula	ate the median family income that applies to	you. Follow these steps:		
	16a. Fil	I in the state in which you live.	NY		
	16b. Fil	I in the number of people in your household.	1		
	To ins	structions for this form. This list may also be av	nts, go online using the link specified in the sep	\$ parate	54,014.00
17.	How do	o the lines compare?			
	17a.		On the top of page 1 of this form, check box 1 NOT fill out <i>Calculation of Your Disposable In</i>		
	17b.	■ Line 15b is more than line 16c. On the to 1325(b)(3). Go to Part 3 and fill out Cal your current monthly income from line 14	p of page 1 of this form, check box 2, <i>Disposal</i> culation of Your Disposable Income (Official above.	ble income is determined a la Form 122C-2). On line 3	under 11 U.S.C. § 89 of that form, copy
Part	3:	Calculate Your Commitment Period Under 1	1 U.S.C. § 1325(b)(4)		
18.	Сору у	our total average monthly income from line	11 .	\$	5,056.32
19.	contend		re married, your spouse is not filing with you, a r 11 U.S.C. § 1325(b)(4) allows you to deduct p		
		he marital adjustment does not apply, fill in 0 c	on line 19a.	- \$	0.00
	19b. S u	obtract line 19a from line 18.		\$_	5,056.32
20.	Calcula	nte your current monthly income for the year	ır. Follow these steps:		
	20a. Co	ppy line 19b		\$_	5,056.32
	М	ultiply by 12 (the number of months in a year).			x 12
	20b. Th	e result is your current monthly income for the	year for this part of the form	\$_	60,675.84
	20c. Co	ppy the median family income for your state an	d size of household from line 16c	\$	54,014.00
	21. H o	ow do the lines compare?			
		Line 20b is less than line 20c. Unless other period is 3 years. Go to Part 4.	wise ordered by the court, on the top of page 1	of this form, check box 3,	The commitment
	-	Line 20b is more than or equal to line 20c. I commitment period is 5 years. Go to Part 4.	Unless otherwise ordered by the court, on the t	top of page 1 of this form, o	check box 4, The
Part	4:	Sign Below			
	By sign	ing here, under penalty of perjury I declare tha	t the information on this statement and in any	attachments is true and co	rrect.
Х	/s/ Yo	olette Larrier			
	Yolet	te Larrier			
	Date F	ure of Debtor 1 Sebruary 11, 2019			
		MM / DD / YYYY hecked 17a, do NOT fill out or file Form 122C-	2.		
	-		this form. On line 39 of that form, copy your of	current monthly income fro	m line 14 above.

Yolette Larrier

Fill in	this info	ormation to iden	tify your	case:														
Debto	or 1	Yolette Larrie	er															
Debto (Spou	or 2 ise, if filin	g)							-									
` '	•	Bankruptcy Court	for the:	Easter	n Distric	t of Nev	w York											
Case (if kno		1-19-40496										□ Che	eck if t	his is	an ame	ended	filing	
	al Form 1 apter	_{22C-2} 13 Calcul	latior	n of `	Your	. Dis	spos	able	Inc	come	9							04/16
		form, you will ne Period (Official Fo			eted cop	y of C	hapter	13 Stater	nent	of Your	r Currei	nt Month	hly Inc	ome a	nd Cald	culatio	n of	
space	is neede	e and accurate a ed, attach a sepa es, write your na	rate she	et to thi	is form,	Includ	le the lir											ore
Part 1	: Ca	Iculate Your Dec	ductions	from Y	our Inco	ome												
the	questio	I Revenue Servions in lines 6-15. may also be ava	To find t	he IRS	standar	ds, go	online	using the										
exp	enses if	expense amounts they are higher th d do not deduct ar	an the st	andards	s. Do not	t include	e any op	perating e	exper	nses that	t you su	btracted	l from i	ncome	se som in lines	e of you	ur actua 6 of Fo	al rm
If yo	our exper	nses differ from m	onth to n	nonth, e	nter the	averag	je expen	nse.										
Not	te: Line n	umbers 1-4 are n	ot used ii	n this fo	rm. Thes	se numl	bers app	ply to info	rmat	tion requ	ired by	a similar	r form (used in	chapte	r 7 cas	es.	
5.	The nu	mber of people	used in	determi	ning yo	ur ded	uctions	from inc	come	9								
	plus the	ne number of peo e number of any a nber of people in	additional	depend											1			
Nat	tional Sta	andards	You mu	st use th	ne IRS N	National	l Standa	ards to an	swer	r the que	estions i	n lines 6	-7.					
6.		clothing, and oth							ed in	n line 5 a	ind the I	RS Natio	onal		\$		647	7.00
7.	the doll people	pocket health ca ar amount for out who are 65 or old than this IRS amo	-of-pocke lerbeca	et health use olde	care. Ti er people	he num e have	nber of p a higher	people is s r IRS allo	split i wand	into two ce for he	categor	iespeo	ple wh	o are u	nder 65	and		

Official Form 122C-2

Case number (if known) 1-19-40496

People v	who are under 65 years of age				
•	Out-of-pocket health care allowance per person	\$ 52			
7b.	Number of people who are under 65	X 1	_		
7c.	Subtotal. Multiply line 7a by line 7b.	\$ 52.00	Copy here=>	\$52.00_	
People v	who are 65 years of age or older				
7d.	Out-of-pocket health care allowance per person	\$114	_		
7e.	Number of people who are 65 or older	X0			
7f.	Subtotal. Multiply line 7d by line 7e.	\$	Copy here=>	\$0.00	
7g.	Total. Add line 7c and line 7f		\$52.00	Copy total here=>	\$52.00
Local St	andards You must use the IRS Local Standards to	answer the ques	ions in lines 8-15.		
	on information from the IRS, the U.S. Trustee Prog otcy purposes into two parts:	ram has divided	the IRS Local Standard	for housing for	
■ Hous	sing and utilities - Insurance and operating expens	ses			
Hous	sing and utilities - Mortgage or rent expenses				
separate 8. Hou	ver the questions in lines 8-9, use the U.S. Trustee e instructions for this form. This chart may also be using and utilities - Insurance and operating expense the dollar amount listed for your county for insurance a	e available at the nses: Using the n	bankruptcy clerk's officumber of people you ente	e.	ecified in the
9. Ho u	using and utilities - Mortgage or rent expenses:				
9a.	Using the number of people you entered in line 5, fil listed for your county for mortgage or rent expenses		unt	\$ 1,855.00	
9b.	Total average monthly payment for all mortgages ar	nd other debts sed	ured by your home.		
	To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.				
	Name of the creditor	Average ment	onthly		
	Chase Mortgage	\$	145.00		
	Wells Fargo Bank	\$1	450.00		
	9b. Total average monthly payment	t \$1	595.00 Copy here=> -\$		Repeat this amount on line 33a.
9c.	Net mortgage or rent expense.				
	Subtract line 9b (total average monthly payment) from or rent expense). If this number is less than \$0, enter		ge \$	260.00 Copy here=>	\$
	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill			incorrect and	\$
Ex	xplain why:				

Yolette Larrier

ebtor 1	Yolette Larrier		Case number (if known)	1-19-40496	
11.	Local transportation expenses: Check the number of vehi	icles for which you claim	an ownership or op	perating expense.	
	□ 0. Go to line 14.				
	■ 1. Go to line 12.				
	2 or more. Go to line 12.				
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for				304.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.				
Vel	hicle 1 Describe Vehicle 1:				
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00	
13b.	Average monthly payment for all debts secured by Vehicle 1				
	Do not include costs for leased vehicles.				
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		at		
	Name of each creditor for Vehicle 1	Average monthly payment			
	-NONE-	\$			
			7	D (11)	
	Total Average Monthly Payment	\$	Copy here => -\$	0.00 Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense			Copy net	
	Subtract line 13b from line 13a. if this number is less than \$0	O, enter \$0	. \$	0.00 Vehicle 1 expense here => \$	0.00
Val	hicle 2 Describe Vehicle 2:				
	Ownership or leasing costs using IRS Local Standard		\$	0.00	
	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.			<u></u>	
	Name of each creditor for Vehicle 2	Average monthly payment			
		\$			
	Total average monthly payment	\$	Copy here => -\$	0.00 Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	O, enter \$0		Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of			s, fill in the	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in vent claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the ap			0.00

1-19-40496

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 0.00Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 1,907.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance 0.00 0.00 Health savings account Copy total here=> 0.00 Total 0.00 Do you actually spend this total amount? No. How much do you actually spend? 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

Yolette Larrier

Debtor 1	Yolette Larrier	Ca	ase number (<i>if kno</i>	wn)	I-19-404	96	
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	ce and operati	ng exp	enses on		
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs						
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must ry.	show that the	additio	onal	\$	0.00
		ren who are younger than 18. The monthl pendent children who are younger than 18 y					
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must ot already accounted for in lines 6-23.	explain why t	he amo	ount		
	* Subject to adjustment on 4/01/19, and ever	ery 3 years after that for cases begun on or a	after the date	of adjus	stment.	\$	0.00
		ne monthly amount by which your actual foo allowances in the IRS National Standards. s in the IRS National Standards.					
		onal allowance, go online using the link spe o be available at the bankruptcy clerk's offic		eparate			
	You must show that the additional amount of	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute nization. 11 U.S.C. § 548(d)(3) and (4).	in the form of	cash o	r financia	l	
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$_	0.00
Dedu	uctions for Debt Payment						
	For debts that are secured by an interest cans, and other secured debt, fill in lines	in property that you own, including home 33a through 33e.	e mortgages,	vehicle	•		
	o calculate the total average monthly paymereditor in the 60 months after you file for ba	ent, add all amounts that are contractually d nkruptcy. Then divide by 60.	ue to each se	cured			
	Mortgages on your home						rage monthly
33a.	Copy line 9b here				=>	\$	ment 1,595.00
	Loans on your first two vehicles					. –	
33b.	Canylina 12h hara				=>	\$	0.00
33c.					=>	· _ \$	0.00
					- -	Ψ_	0.00
33d.	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt		Does p include or insu			
				□ N	0		
	-NONE-			□ Y	es	\$	
				_		Ψ_	
				□ N	0		
				□ Y	es	\$_	
				□ N	0		
				□ Y	es +	\$	
						Ť _	
33e	Total average monthly payment. Add lines	33a through 33d	\$1	,595.0	O Cop	ر آ	1,595.00

Debtor 1	Yole	tte Larrier			C	ase n	umber (if known) 1-	19-4049	6	
			e 33 secured by your prima ur support or the support o			le,				
	No.	Go to line 35.								
	Yes.		must pay to a creditor, in add essession of your property (can the information below.							
Name	of the	creditor	Identify property that secure	es the dek	ot	To	otal cure amount		Monthly amount	
Well	s Far	go Bank	961 East 77th Street E 11236 Kings County Zillow Value	Brooklyı	•	\$_	248,637.83			4,143.96
						\$ \$		$\div 60 = \$$ $\div 60 = +\$$		
						<u> </u>		Copy		
					Tota	ıl \$	4,143.96	total	> \$_	4,143.96
25 D a		owo any priority alaima	uch as a priority tax, child s	unnort	or alimony	L that				
			f your bankruptcy case? 11			ınaı				
	No.	Go to line 36.								
	Yes.		Il of these priority claims. Do		de current or					
		Total amount of all past-d	lue priority claims			\$	3,000.00	÷ 60	\$	50.00
36. Pr	ojecte	d monthly Chapter 13 plan				\$				
Of the To	fice of Exec find a li	the United States Courts (foutive Office for United States ist of district multipliers that including the control of the country of the count	stated on the list issued by the or districts in Alabama and No Trustees (for all other districtes your district, go online using the may also be available at the bar	orth Carol cts). the link sp	ina) or by	X		7.c , 1	-1	
Av	erage	monthly administrative expe	ense				\$	Copy tot here=>		
		of the deductions for deb	t payment.						\$	5,788.96
Total	Deduc	tions from Income								
38. Ac	d all c	of the allowed deductions.								
		ne 24, All of the expenses alle allowances		\$	1,907.0	00				
		ne 32, All of the additional ex		\$	0.0	00_				
C	opy lir	ne 37, All of the deductions f	for debt payment	+\$	5,788.9	96	_			
Т	otal de	eductions		\$	7,695.9	96	Copy total here=	>	\$	7,695.96

otor 1 YOI	ette Larrier	•				ase r	umber (<i>if known</i>)	1-19-4	40496	
rt 2: D	etermine You	ır Disposable Income Under 11	U.S.C. § 132	.5(b)(2)					
		rent monthly income from line Current Monthly Income and Ca				d.		\$		5,056.3
10. Fill in a childre disabilit receive	ny reasonab n. The month y payments fo d in accordan	Ity necessary income you receily average of any child support part a dependent child, reported ince with applicable nonbankruptcy anded for such child.	ve for suppo ayments, foste Part I of Form	er c	or dependent care payments, or 2C-1, that you		\$	0.00		
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					ed	\$	0.00	_		
2. Total of	all deductio	ons allowed under 11 U.S.C. § 7	07(b)(2)(A). (Сор	y line 38 here	=>	\$ 7,69	5.96		
expense their ex	es and you ha	ial circumstances. If special circave no reasonable alternative, de must give your case trustee a defocumentation for the expenses.	scribe the spe	ecia	l circumstances a	and				
escribe tl	ne special ci	rcumstances			Amount of exp	pen	se			
				_	\$		_			
				_	\$					
					\$		_			
			Total	\$_	0.00		Copy here=>\$		0.00	
4. Total a	djustments. /	Add lines 40 through 43.			=>	\$_	7,695.96	Co	py re=> - \$	7,695.9
		thly disposable income under	§ 1325(b)(2).	Sul	btract line 44 from	ı line	÷ 39.		\$	-2,639.64
6. Change have ch time you	e in income of anged or are ur case will be d your petition	or expenses. If the income in For virtually certain to change after the open, fill in the information below, check 122C-1 in the first column in when the increase occurred, a	ne date you fil w. For examp n, enter line 2	led le, i 2 in	your bankruptcy if the wages report the second colum	petit rted nn, e	ion and during the increased after	e		
orm	Line	Reason for change			Date of chang	ge	Increase or decrease?	A	mount of cha	nge
122C-1 122C-2 122C-1 122C-2 122C-1 122C-2 122C-2							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$		
1 22C-2		-			_		☐ Decrease	\$		

Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

Debtor 1	Yolette Larrier	Case number (if known)	1-19-40496
Part 4:	Sign Below		
	By signing here, under penalty of perjury you de	eclare that the information on this statement and in any att	achments is true and correct.
X	/s/ Yolette Larrier		
	Yolette Larrier Signature of Debtor 1		
Data	•		
Date	February 11, 2019 MM / DD / YYYY		
	, 22 ,		

Debtor 1 Yolette Larrier Case number (if known) 1-19-40496

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Gary Deschommes** Constant income of **\$1,000.00** per month.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Maria Deshommes**Constant income of **\$3,955.32** per month.

Line 9 - Pension and retirement income

Source of Income: Pension

Constant income of \$101.00 per month.

Non-CMI - Social Security Act Income Source of Income: Social Security Constant income of \$1,183.00 per month. Case 1-19-40496-cec Doc 10 Filed 02/11/19 Entered 02/11/19 16:35:59

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	Yolette Larrier		Case No.	1-19-40496				
		Debtor(s)	Chapter	13				
	DISCLOSURE OF COMI	PENSATION OF ATTORN	EY FOR DE	BTOR(S)				
c	tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 ompensation paid to me within one year before the e rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to)			
	For legal services, I have agreed to accept	\$	7,500.00					
	Prior to the filing of this statement I have receive	\$	4,500.00					
	Balance Due		\$	3,000.00				
2. \$	310.00 of the filing fee has been paid.							
3. T	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4. T	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5. I	I have not agreed to share the above-disclosed co	ompensation with any other person un	less they are memb	pers and associates of my law firm	m.			
[☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the							
6. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
b c d	 Analysis of the debtor's financial situation, and references. Preparation and filing of any petition, schedules, Representation of the debtor at the meeting of creek. Representation of the debtor in adversary proceed. [Other provisions as needed] 	statement of affairs and plan which meditors and confirmation hearing, and	ay be required; any adjourned hear					
7. B	by agreement with the debtor(s), the above-disclosed	d fee does not include the following se	rvice:					
		CERTIFICATION						
I this ba	certify that the foregoing is a complete statement ounkruptcy proceeding.	f any agreement or arrangement for pa	yment to me for re	epresentation of the debtor(s) in				
Fe	ebruary 11, 2019	/s/ John Gonzalez						
Do	nte	John Gonzalez JG9	420					
		Signature of Attorney Law Office of John	Gonzalez P.C.					
		3237 Route 112						
		Bldg 6, Suite 10 Medford, NY 11763						
		631-451-7834 Fax:	631-451-0118					
		johngonzalez@nyb						
		Name of law firm						

United States Bankruptcy Court Eastern District of New York

In re	Yolette Larrier		Case No.	1-19-40496	
		Debtor(s)	Chapter	13	

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: February 11, 2019

/s/ Yolette Larrier
Yolette Larrier
Signature of Debtor

Date: February 11, 2019

/s/ John Gonzalez
Signature of Attorney

John Gonzalez JG9420 Law Office of John Gonzalez P.C. 3237 Route 112 Bldg 6, Suite 10 Medford, NY 11763 631-451-7834 Fax: 631-451-0118

USBC-44 Rev. 9/17/98

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.: 1-19-40496

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

DEBTOR(S): Yolette Larrier

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	
(Disch	arged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NO	TE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" SCHEDULE "A" OF RELATED CASE:	("REAL PROPERTY") WHICH WAS ALSO LISTED IN
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who be eligible to be debtors. Such an individual will be required to	have had prior cases dismissed within the preceding 180 days may not of file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTOR	NEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitioner or or	debtor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy cas as indicated elsewhere on this form.	se is not related to any case now pending or pending at any time, except
/s/ John Gonzalez	
John Gonzalez JG9420 Signature of Debtor's Attorney Law Office of John Gonzalez P.C. 3237 Route 112	Signature of Pro Se Debtor/Petitioner
Bldg 6, Suite 10 Medford, NY 11763 631-451-7834 Fax:631-451-0118	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009